

<i>SERFF Tracking Number:</i>	<i>AMRS-125887758</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AR-WC-1108-RU-191</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: Workers Compensation	SERFF Tr Num: AMRS-125887758	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: AR-WC-1108-RU-191	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Tracy Upcott	Disposition Date: 11/05/2008
	Date Submitted: 11/04/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2009		Effective Date (New): 07/01/2009
Effective Date Requested (Renewal): 07/01/2009		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization: NCCI, Inc.	Reference Number: Item R-1397
Reference Title: Item R-1397 - 2008 Update to Retrospective Rating Plan Parameters - Excess Loss Factors	Advisory Org. Circular: CIF-2008-10, CIF-2008-14
Filing Status Changed: 11/05/2008	
State Status Changed: 11/05/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Amerisure Mutual Insurance Company and Amerisure Insurance Company are members of the National Council on Compensation Insurance, Inc. (NCCI) and are authorized to write Workers Compensation in your jurisdiction.	

For new and renewal policies effective on or after July 1, 2009, we wish to adopt NCCI Item R-1397 - 2008 Update to Retrospective Rating Plan Parameters - Excess Loss Factors.

SERFF Tracking Number:	AMRS-125887758	State:	Arkansas
First Filing Company:	AMERISURE MUTUAL INSURANCE COMPANY, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	AR-WC-1108-RU-191		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

Company and Contact

Filing Contact Information

Tracy Upcott, Compliance Analyst I	tupcott@amerisure.com
26777 Halsted Rd.	(800) 257-1900 [Phone]
Farmington Hills, MI 48331	(248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY	CoCode: 23396	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-0829210 -----	
AMERISURE INSURANCE COMPANY	CoCode: 19488	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-1869912 -----	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 to adopt NCCI Item Filing
Per Company:	No

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	<i>COMPANY, ...</i>		
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMERISURE MUTUAL INSURANCE	\$25.00	11/04/2008	23699246
COMPANY			
AMERISURE INSURANCE COMPANY	\$0.00	11/04/2008	

SERFF Tracking Number:	AMRS-125887758	State:	Arkansas
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Company Tracking Number:	AR-WC-1108-RU-191		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/05/2008	11/05/2008

SERFF Tracking Number:	AMRS-125887758	State:	Arkansas
First Filing Company:	AMERISURE MUTUAL INSURANCE	State Tracking Number:	EFT \$25
	COMPANY, ...		
Company Tracking Number:	AR-WC-1108-RU-191		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

Disposition

Disposition Date: 11/05/2008
Effective Date (New): 07/01/2009
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: AMRS-125887758 State: Arkansas

First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$25
COMPANY, ...

Company Tracking Number: AR-WC-1108-RU-191

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>AMRS-125887758</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
	<i>COMPANY, ...</i>		
<i>Company Tracking Number:</i>	<i>AR-WC-1108-RU-191</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMRS-125887758	State:	Arkansas
First Filing Company:	AMERISURE MUTUAL INSURANCE COMPANY, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	AR-WC-1108-RU-191		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	11/05/2008
Comments:				
Attachment:				
	PC Trans, F777_03-07.pdf			

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	11/05/2008
Bypass Reason:	Not applicable.			
Comments:				

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	11/05/2008
Bypass Reason:	Not applicable.			
Comments:				

Property & Casualty Transmittal Document

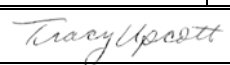
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Amerisure Insurance Companies	124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amerisure Mutual Insurance Company	MI	23396	38-0829210	21
Amerisure Insurance Company	MI	19488	38-1869912	21

5. Company Tracking Number	AR-WC-1108-RU-191
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tracy Upcott 26777 Halsted Road Farmington Hills, MI 48331	Compliance Analyst I	800-257-1900 X67780	248-426-7789	tupcott@amerisure.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Tracy Upcott		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 7/1/09 Renewal: 7/1/09
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI, Inc.
17. Reference Organization # & Title	Item R-1397 - 2008 Update to Retrospective Rating Plan Parameters – Excess Loss Factors
18. Company's Date of Filing	11/4/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-WC-1108-RU-191
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT via SERFF Amount: \$25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**